Rev. 06/2006

LOBBYIST MONTHLY REPORT FORM

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State of Idaho

Ben Ysursa Secretary of Stat 08 APR 16

Phone: (208) 334-2852 Fax: (208) 334-2282

To Be Filed By: LOBBYISTS (Sec. 67-6619)

SECRETARY OF STATE

(Type or print clearly in black See instructions at bottom of page Lobbvist's name and permanent business address Date prepared Period covered Blake G. Hall month ending P.O. Box 51630 4/14/08 (Day) (Mo.) (Yr.) Idaho Falls, ID 83405-1630 3 31 80 ltem Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure *Total Amount for Item 3, at bottom of page.) Reimbursed Personal Living and Travel All Employers Expenses Pertaining to Lobbying Activity Employer No. 4 Do Not Have to be Reported Employer No. 1 Employer No. 2 Employer No. 3 Entertainment Food and Refreshment Living Accommodations Advertising Travel Telephone Other Expenses or Services 0.00 0.00 0.00 0.00 Total *When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1. The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials. Names of Legislators, Public and Executive Officials in Group Place Amount Date N/A Continued on attached page(s) Item Employer(s) Name(s) and Address(es) INSTRUCTIONS No. 1. CH2M WG IDAHO, LLP ... Who should file this form: Any lobby ist registered under Section 67-6617 Idaho Code Filing deadline: Monthly reports due within ten (10) days of the No. 2 151 NORTH RIDGE AVE., STE. 150 month for activities of the past month. IDAHO FALLS, ID 83401 TO BE FILED WITH: No. 3 Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 No 4

Item 4		benditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible sonal property to any Legislator, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official.								
	Date Amount Nam			me of Legislator, Public or Executive Official Receiving or Benefiting						
Item 5	or House me Lobby	Bill, Resolution or other vist was supporting or op		C ode	LEGISLATIVE SUB		IDENTIFICATION Subject Health service, medicine, drugs			
Subject (from	1	ll, Resolution or Other gislative Ident. Number	Appropriation Bill Number and Section Number		farming, and livestock		and controlled substances, health			
N/				02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, municipal Government, special districts Government, state	18 19 20 21 22 23 24 25 26 27 28 29 30	insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)			
Item 6	bid or bid	ny rule, ratemaking dec process, financial service or opposing	ision, procurement, contract, sor bond lobbyist was	-	CERTIFICATION: I hereby certificorrect statement in accordance with the statement of the st					